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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Peyton Plumbing (C) Name of Limited Dability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Sapp Name of Person
Peyton Plumbing, LLC
8627 Jean Rd Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Sapo at (904) 1076-1754  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Peyton Plumbir	ng [ L 2022 FEB 28	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company EDI TARY	s) Of STATE
The Articles of Organization for this Limited Liability Company	were filed on $2142$	2 and assigned
Florida document number <u>L 22000 61988</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	86277 Jean	2d
(Principal office address MUST BE A STREET ADDRESS)	Jules FC 3	2097
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	86277 Jean Jules Fe 3	Rd 12097
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addres	***
	City	orida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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